SUMANDEEP VIDYAPEETH

(Declared as Deemed to be University under Section 3 of the UGC Act 1956) Accredited by NAAC with a CGPA of 3.53 out of four-point scale at 'A' Grade Category – I deemed to be university under UGC Act - 2018 At & Post Piparia, Tal: Waghodia 391760 (Gujarat) India. Ph: 02668-245262/64/66, Telefax: 02668-245126, Website: www.sumandeepvidyapeethdu.edu.in



Attested CTC

CURRICULUM

Vice-Chancellor Sumandeep Vidyapeeth An Institution Deemed to be University Vill. Piparia, Taluka: Waghodia. Dist. Vadodara-391 760. (Gujarat)

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Dean

PG Diploma in COMMUNITY MEDICINE (PUBLIC HEALTH) EVIDENCE BASED CURRICULUM (P.G)



Manchamantor.

AMENDED UP TO DECEMBER -2020

Community Medicine is the branch of Medicine which deals with the identification of factors which causes the disease and factors that predisposes persons to disease causation at individual and community level and finding out solution to prevent the disease occurrence. Sanitation, statistics, epidemiology, nutrition are branches of it which help to understand the disease process.

Programme outcome PG DIPLOMA

The purpose of PG Diploma education is to create specialists who would provide high quality health care and advance the cause of science through research & training.

Programme specific outcome PG DIPLOMA

POS 1. A post graduate diploma student after undergoing the required training should be able to deal effectively with the needs of the community and should be competent to handle the problems related o his specialty including recent advances.

POS 2. He should also acquire skill in teaching of medical/paramedical students.

POS 3. Practice the specialty concerned ethically and in step with the principles of primary health care.

POS 4. Demonstrate sufficient knowledge of the basic sciences relevant to the concerned specialty.

COURSE OUTCOME (CO): At the end of the course the student shall acquire competencies in the following areas

- 1. Basic knowledge in application of principles of Public Health, Community Medicine and applied epidemiology, contributing meaningfully in formulating National Health Policies & Programmes with a systems approach for overall human development.
- 2. Scholars acquire basic skill to standardize the teaching & training approaches at postgraduate level, for Community Medicine
- 3. Research: To formulate research questions, do literature search, conduct study with an appropriate study design and study tool; conduct data collection and management, data analysis and report.

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AIM

- 1.1 To train medical graduates as to ensure higher competence in both general and special areas of community Medicine.
- 1.2 To prepare a candidate for teaching, research and clinical abilities, including prevention and after care in community Medicine.
- 1.3 To prepare the candidate to practice Evidence Based Community Medicine

Objectives of the course:

At the end of this course the successful candidates:

- 1. Should be able to understand the problems of the community including health problems, the factors responsible for their existence in the community and to suggest the amicable solutions for them.
- 2. Should have acquired the knowledge and art of investigating the outbreak of diseases of communicable and non-communicable nature and take measures to control them.
- 3. Should have acquired the knowledge of health care delivery network of the country, state, district and local health organization.
- 4. Should be able to identify the safe / unsafe environment and its effect on the human health.
- 5. Should be able to interpret the available health related data, forecast the trend of disease and to suggest appropriate measures to prevent it.
- 6. Should be able to safe guard the health of the people of the district
- 7. Should be able to provide leadership and guidance to his subordinate officers and workers to achieve the common goal of improving health of the people.
- 8. Should have sufficient knowledge of computer application in the field of medical science and public health.
- 9. Should be able to contribute to the overall development of the district.
- 10. Should be able to meet with any emergency situation affecting the health of the people.
- 11. Upon completion of the evidence based education, the trainee should be able to:
 - i. Demonstrate significance of Evidence Based community medicine





iii. Contribute to the appraisal process.

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iv. Understand quality as a delivery of Primary Health care.

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Course contents

(1) Microbiology, Parasitology, E

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Particulars	
1. Microbes and methods of their	
2. Isolation of organisms in the lak	
3. morphology and biochemical	
causing diseases	
4. Arthropodes of medical importa	
5. Bacteriological examination of v	
6. Destruction of microorganisms;	
7. Microbiology and its application	
8. General consideration of ecolc	
microbes, modes of infection a	
of bacterial diseases	
9. Protozoal diseases-life cycle ar	
10. Helminthic diseases-life cycle a	
11. Fungal diseases-life cycle a	
investigations	
12. Viral disease-mode of infe	
diseases-mode of infection and	
13. Principle of investigation of dise	
14. Immune michanism, antigen-	
hypersensitivity, anti-immunity a	
15. Sera-recent developments;	
techniques.	
(2) Epidemiology:	
 Historical background and defir 	
epidemiology.	
2. Agent, host and environmental	
in a community.	
Epidemiological methods.	
4. Modes of transmission of comn	
5. Epidemiological surveillance.	
6. Methods of epidemic investigat	
7. Methods of evaluation of Public	
8. Epidemiology of communicable	
9. Practical: visit to infectious	
epidemiological study. Analys	
Problem solving exercises. He	
Field investigation o	

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(3) Health statistics:

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children 7) Computers applications in Public health, social sciences approaches in		l I
public health		
 B) Drug abuse and narcotic and psychotropic substances use problems, health of physically and mentally disadvantaged children, Rehabilitation (9) Management during and after disaster. Epidemic control measures 		
(5) Health education and behavioral sciences:		
 Principles of health education culture, community structure and leadership, Teaching and learning 		
process of community organization		
3. Principles of communication		1
4. Principles of programme planning and evaluation		
 Nature and scope in public health practice, Methods and Media Audio-visual Aids and their use, Mass media in communication 		
7. Health education in national health programmes and practical work	All topics	1
among rural and urban communities.	except	
 8. Behavioural science techniques for the implementation of health and 		
family welfare programme	shown in	1
9. Concept of social and cultural and psychological characteristics o		
human communities, significance of culture and cultural changes		1
cultural values and norms which influence their socialisation pattern		
10. Approach to the community and interview techniques. Location and		
identification of the formal and informal organisation and leadership		
pattern, Public opinion and propaganda		
11. Different characteristics of rural and urban social culture and socia stratification		
12. Socio-cultural factors influencing the causation and preventior diseases and adoption of family welfare programme		

1.	Family visits and rural health programmes in urban and rural health	All topics
	centres,	except
2.	visits to various health organisation at all levels, visits to social	those
	welfare and mental health institutions,	shown in
3.	Visits to Municipal and rural health administration.	next
		column

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(7) Environmental Health Scienc		
1. Environmental sanitation. Effec		
2. Principles of healthful housing.		
planning.		
Ventilation and lighting.		
Water-supply- its sources, ch		
water purification and distributic		
5. Sewerage system and methoc		
Affluent standards		
6. Collection and disposal of garb		
7. Latrines-types, collection and		
standards. Dwelling houses, for		
Working environment-schools,		
National Programmes on enviro		
10. Sanitation in fairs and melas.		
(8) Occupational health:		
1. Environment and health. Ir		
mechanism.		
2. External environment and its		
and their effects on health		
3. Measurement of environmer		
industrialisation and its effects (
4. Health hazards in occupation		
5. Illumination and work		
6. Toxic health hazards at work		
associated problems in industry		
7. Control of health hazards in wo		
8. Industrial health legislation.		
9. Occupational diseases, imp		
environment on working health.		
10. Practical work. Visits to selec		
occupations health organisatic		
industrial health administration.		
(9) Biochemistry and		
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2. Energy requireme		
carbohydrates, vita		
requirement.		
3. Balanced diets anc		
their effect on nutrit		
4. Nutrition-deficiency		
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5. Inter relationship be		
6. Nutrition of special		
Applied nutrition pro		
8. Role of national and		
9) Diet survey and n		
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(10) Maternal and Child health

1.	Maternal and child related mortality, rates, causes, trend in selected countries.		
2.	Preventive measures. MCH service- planning, organisation, supervision and evaluation.		
3.	Job responsibilities of various categories of health personnel.		
4.	Health of mothers and children, current concepts, health needs and general principles	All topics except	
5.	Antenatal, natal and postnatal care. Nutrition in pregnancy and lactation.	those shown in	
	Maternal morbidity and mortality. Feeding in young children.	next	
7.	Growth and development of children.	column	
8.	Common childhood morbidity-causes, management and preventive measures, crèche, childhood mortality,		
9.	MCH service, handicapped children, care of disadvantaged children		
10.	School health,		
11.	. Child psychology. Juvenile delinquency, child guidance clinic.		
	(11) Family welfare		

	Population trends in selected countries and in India.	All topics	
2.	National family welfare programme.	except	
3.	Methods of conception control. Menstrual regulation and	those	
4.	Medical Termination of Pregnancy. Postpartum programme.	shown in	
5.	Methods of evaluation of programmes.	next	
		column	

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BOOKS RECOMMENDE FOR READING

1) Maxy and Rosenau:	Public Health and Preventive Medicine
2) Walter W. Holland:	The Oxford Text Book of Public Health. Vol. I to IV
3) Hannon and Prekett:	Public health administration and Practice
4) J.S. Garrow, Philips James: and Stanely Davidson	Human Nutrition and Dietetics
5) Hobson:	The Theory and Practice of Public Health
6) D J P Barker & G. Rose:	Epidemiology in Medical Practice
7) Abramson J H:	Survey Methods in Community Medicine
8) K. Park:	Park's Textbook of Preventive & Social Medicine
9) PSS Rao:	An Introduction to Biostatics
10) Bancroft H:	Introduction to Bio statistics
11) Mac Mohan and Pugh:	Epidemiology: Principles and methods
12) Topley and Wilson:	Text Book of Microbiology
13) Morris J.N.:	Uses of Epidemiology
14) S.C. Seal:	Public Health Administration in India
15) Niraj Pandit	Sociology and Health

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Posting of Student in Institute of Public Health Importance

Place of Posting	Duration of posting	Learning
Microbiology department	2 weeks	Culture media, technique of inoculation, colony characteristics, identification of organisms by slide examination, samples of body fluids, secretions, excretions collection, preservation and transportation procedures, common laboratory procedures, precautions in the laboratory, common serological tests, bio-medical waste collection, storage and disposal, immunology and immunological tests etc.
Paediatric department	2 week	Identification common childhood problems, special clinics, ORS corner, Growth monitoring and recording, neonatal care, infant care, care of pre-school children, care of disadvantaged children, breast feeding, at risk children
Obstetrics department	2 week	Identification common problems of pregnant women, at risk mothers, special clinics, Family welfare activities. PP Unit.
Medicine department	2 weeks	Learning method of history taking, clinical examination, prescription of investigation and treatment of common ailments / diseases, interpretation of investigation result, attending special clinics (diabetic care, Cardio Vascular, geriatric etc)
Public Health laboratory Food and drug testing Water testing	6 days	Water chemistry, tests to identify water pollution, water quality monitoring, sanitary survey of water supply system, water sample collection, preservation, transportation for bacteriological examination, reading and interpretation of report, identification of food adulteration, food sample collection and procedures to be followed. Legislative provision, tests on milk, record keeping.Food and drug regulations
Water treatment plant	1 day	Sources of water, Water quality monitoring, sanitary survey of water supply system, water sample collection, preservation, and transportation for bacteriological examination, Role during water borne epidemics.
Milk dairy	1 day	Milk hygiene, tests for pasteurization, quality control. Standards for various types of milk, milk products, tests for milk adulteration
Sewage treatment plant	1 day	Sewage and sullage, collection and disposal, tests carried out on sewage, problems related to its disposal.
Immunisation clinic (Included in pediatrics posting)	2	Critical observation of the various activities carried out at the clinic, record keeping, cold chain maintenance, injection safety, waste disposal
PHC / sub-center	2 weeks	Critical observation of the various activities carried out at PHC,
Community health centre	1 week	To Learn staff, functions of CHC, record keeping
Municipal corporation	1 weeks	Functioning, various bodies and their functions, duties of MOH, critical observations.
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Health Department of Jilla Panchayat	1 weeks	Functioning, various bodies and their functions, duties of CDHO, critical observations, supervision of SC and PHC, conducting meeting, organizing survey work
District Malaria Unit	3 days	Problem of malaria in the district, various anti-malaria measures, Bionomics of Mosquitoes and their control, activities under National programme. Various insecticides and their use, insecticide resistance, evaluation of programme.
Blood bank	1 day	Blood safety regulations, blood borne diseases and prevention
Bio medical waste disposal	1 day	Hospital waste , generation sources, collection, disposal, Universal work precaution in hospital
Hospital Kitchen	1 day	Food safety, diet planning, various types of diet served to patients in hospital, kitchen hygiene, hygiene of cook and food handlers
IMNCI training	10 days	IMNCI training components, method of training,
District TB Center	4 days	Problem of Tuberculosis, diagnostic tools, RNTCP, category classification, treatment regimen, HIV and TB, Problems in TB control.
Special clinics (geriatrics, diabetes care, cardio vascular preventive clinic, Immunisation, under five, ante-natal, post natal, nutrition clinic,)		Conduction and activities carried out at such clinics (included in pediatric, OG and medicine department posting)
NGO posting	1 week	Working of NGO, observing various activities carried out by it. Understanding its role in health sector,
Medical Record Section	1 day	Record keeping, analysis, use of computer in record keeping, ICD, Death certificate,
Community based activities		Like NID monitoring, school health, camp duty

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Method of Training:

- 1) Lecture-cum-discussion:
- 2) Presentation of assigned topics:
- 3) Case study, presentation and discussion / family study, presentation and discussion
- 4) Involvement in undergraduate teaching and training
- 5) Journal club
- 6) Laboratory practices
- 7) Visit to Institutes of Public Health importance; water works, sewage treatment plant, milk dairy, public health laboratory, Primary health center, community Health center, Infectitious disease hospital, medical record section of hospital, Health center run by NGO, Immunisation clinic etc.
- 8) Project preparation
- 9) Posting of candidates in other departments of medical college and places of Public health importance.
- 10) Seminars-(Incorporation of recent evidences as per the hierarchy of evidences in seminar)
- 11) Journal club-(Formulation of clinical question to critical appraisal of evidence and decision making as per the principles of Evidence Based Decision Making in journal club)
- 12) Case presentation-(diagnosis/treatment plan to be supported with higher level of evidences)
- 13) Interdisciplinary case presentation- (diagnosis/treatment plan to be supported with higher level of evidences)
- 14) Poster/paper presentation in speciality conference-
- 15) Short research-
- 16) Publication in peer review journal-

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Practical training:

- 1) Using and Handling various Audio-visual aids available in the department and used for teaching of Undergraduate students.
- 2) Using and Handling various equipments and Instruments available in the department and used routinely or for research purpose.
- 3) Training of PG in Undergraduate teaching Taking lecture / practical, conducting demonstration carry out field training etc.
- 4) Statistical exercises: calculation of various vital rates and ratios, fertility statistics.
- 5) Measurement of morbidity and mortality-Incidence and prevalence rates
- 6) Statistical methods-up to coefficient of correlation
- 7) Sample size and its use in medical research.
- Planning of survey, Designing of Performa-field testing, Organisation of survey, collection of data, analysis and presentation of data, drawing inference and report writing.
- 9) Steps in investigation of an outbreak.
- 10) Computer training required for the data entry, analysis, statistical test application, interpretation of data, report writing, graphical presentation, application of Epi-info, SPSS, etc.
- 11) Common Laboratory procedures, culture, identification of organisms, various vaccines and their use in public health, evaluation of vaccine coverage
- 12) Tools and techniques for the evaluation of various National Health Programmes.
- 13) OPD and Camp approach to learn diagnosis and treatment of common diseases in rural set up
- To introduce Basic life support (BLS) and Advanced Cardiac Life Support (ACLS) training for all the First year Postgraduate Resident Doctors from academic year 2017-18. (Board of Studies letter no.: SBKSMIRC/Dean/1777(A)/2017, dated 28/11/2017 and Vide Notification of Board of Management Resolution Ref: No.: SV/8813/2017-18, dated 06/04/2018)

EBES Integration:

- 1. All post graduates after enrolment will be exposed to organized evidence searching skills lectures along with teaching of clinical epidemiology, biostatistics and research methodology.
- 2. All the post graduate Journal Clubs will be carried out on a prescribed Evidence Based format with emphasis on critical appraisal. A designated teacher/facilitator wills asses every post graduate student for each JC presentation.
- 3. All PG seminars will have evidence embedded in the presentation and all references relating to the subject matter will be incorporated. AT the end of the seminar all the references will be listed and the seminar will be assessed by the facilitator.

4. In the Practical Skills, every post graduate student will be exposed to at least one encounter of role modeling in which a facilitator after raising a relevant query will search for its evidence and demonstrate evidence searching methodologies, its importance and utility to the student.

Scheme of Examination: (Diploma in Comm. Medicine Course)

Degree: Diploma in Community Medicine (D.C.M.)

University: Sumandeep Vidyapeeth, Piparia

Project: Community Based Topic will be assigned for Project work. After obtaining approval from Human Research Review Committee and Institutional Ethics Committee, the student is expected to complete the project and submit report to the University along with the examination form.

Theory Examination: (300 Marks)

Paper	Topics	Marks	Time
number			
I	Basic medical sciences applied to Community medicine –[Statistical methods in Epidemiology and Public Health, Vital statistics and statistical methods (Bio statistics), Medical Microbiology including immunology, Medical sociology, Sanitation, Nutrition, Genetics, Health education]	100	3 Hours
II	Community Medicine –I [Epidemiology-General and specific diseases, Demography and Family Welfare, Public Health Laboratory Practices, Maternal and Child health, , School health, Geriatrics, Mental health, Research Methodology]	100	3 Hours
111	Community Medicine-II [National and International health Regulations and health organizations, National Health Programmes, Occupational health, Health planning, administration, Management and evaluation, Health Economics. One question each on recent advances in Community Medicine and Evidence Based Education System]	100	3 Hours

Note: The distribution of topics in each paper is arbitrary. There may be overlapping of relevant topics in question papers

Each Paper shall have 5 Questions; all compulsory; no options.

Question-1: Long Question (1 or 2 parts)	20 marks
Question-2: Long Question (1 or 2 parts)	20 marks
Question-3: Long Question (1 or 2 parts)	20 marks
Question-4: Short Notes-(4)	20 marks
Question-5: Short notes(4)	20 marks

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Practical Examination: (300 Marks + 100 marks Viva voce) = 400 marks Duration: Minimum 2 days

Exercis e numbe r	Description	Marks	Time	Assessment
1	Family study / Long case	150	1 hour	All four examiners
2	Short exercise [Public health administrative exercise] [Epidemiological and statistical exercises]	50 50	30 minutes each	Pair- I Pair-II
3	Table exercises (2) based on Public health Laboratory practice	25 25	30 minutes each	Pair-I Pair-II
5	Viva-voce	100	30 minutes	All Four examiners

Passing standards: Theory and Practical 50 % each separately

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